

# Grimes Parks & Recreation Department

Telephone: (515) 986-2143

[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Women's Concealed Weapons Class

### Program Description:

This class is taught by Doug Beavers of Dallas Center. There will be 2 hours of gun safety: gun safety, proper gun care, proper ammunition, and basic shooting form. As well as 2 hours of learning the Law: Iowa codes, morals and ethics, selecting the right firearm for you, different forms of concealed carry. Must be able to pass a background check performed by the sheriff. No permits will be issued at this class, it will fulfill the required training. This class has a maximum of 70 participants and pre-registration is required.

**Who:** Adults ages 21+

**Where:** Grimes Community Complex Cafeteria

**Days:** Wednesday, May 14, 2014

**Time:** 6:00pm – 10:00pm

**Instructor:** Doug Beavers, Certified Instructor  
[bulletproof5seven@gmail.com](mailto:bulletproof5seven@gmail.com) or call 515-480-2505

**Questions:** Brett Barber, Grimes Parks & Recreation Director  
at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us) or at 986-2143.

**To Register:** Registration can be dropped off or mailed to Grimes Parks and Recreation at 410 SE Main Street in Grimes, Iowa, 50111. Please make checks payable to Bullet Proof.

**Cost:** \$50 per person, pre-registration required.



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### 2014 Women's Concealed Weapons Class

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I would like to be added to the Grimes Parks and Rec Email List:    YES        NO        ALREADY ON LIST

**Cost is \$50 per person. Payments must be made out to Bullet Proof.**

### Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my application, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of me as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for me while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes**

